

State of California, Dept. of Housing &
Community Development
(Grantee Letter Head)

Name of Program Representative
CDBG Representative
Department of Housing
and Community Development
Attn: CDBG Program,
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, CA 95833

RE: **CLOSEOUT CERTIFICATION** of CDBG Grant No. _____

It is hereby certified that all activities undertaken by the Grantee with funds provided under the above grant agreement have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all costs and claims; that the State of California is under no obligation to make further payment to the Grantee under the grant agreement; and that every statement and amounts set forth in the **attached** final CDBG Financial and Accomplishment Report is, to the best of my knowledge, true and correct.

Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of Section 7118 and 7104 of the State CDBG regulations pertaining to property management and program income. Please list any property acquired in whole or in part with grant funds or program income expended for the grant or, if applicable, state "none" acquired. Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations.

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The Grantee shall continue to comply with the State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Grantee's next annual audit is conducted in accordance with OMB Circular A-133. The Grantee will resolve any audit findings relating to both the program and financial aspects of the grant. In the event there are any costs which are disallowed by this audit or any subsequent audits which cover CDBG expenditures, and which are sustained by the Department of Housing and Community Development, the amount of such costs shall be returned to HCD.

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| Date: | Typed Name and Title of Authorized Grantee Representative: | Signature of Authorized Grantee Representative: |
| | Name: | |
| | Title: | |